

Advances in Measuring Community, Family and Child Indicators of Health and Well-Being

- A Presentation for the Los Angeles Commission on Children and Families on July 6, 2015 –

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Measurement in the Context of National Advances

There are advances occurring in multiple areas across the United States and other countries that have important implications for choosing performance measurement indicators:

- **ACES measurement, prevention and mitigation:** Use of these data sources to help track ACES and related indicators: Behavioral Risk Factor Surveillance System (BRFSS), Healthy Youth Survey (HYS); and the development of the NEAR framework to increase understanding and guide action (Neuroscience, Epigenetics, ACES, and Resilience)¹
- **AFCARS data base (federal) upgrades** are being planned.
- **CFSR upgrades:** new changes to the Federal Child and Family Services Review (CFSR)
- **Child abuse reporting and fatalities data modeling** (e.g., Federal Commission to Eliminate Child Abuse and Neglect Fatalities, new applications of predictive analytics with linked data bases such as birth and child welfare records)
- **Community indicator development projects** are emerging across the country and internationally.
- **Compassionate schools movement** where indicators of youth resilience-building and compassionate staff supports are being linked with better child academic performance and dramatic reductions in school suspensions.
- **Creative use of data graphing and infographics** add meaning and increase the impact of data.
- **Data-linking across service sectors** such as birth records, child welfare, education, employment, juvenile justice, Medicaid mental health, and public health.

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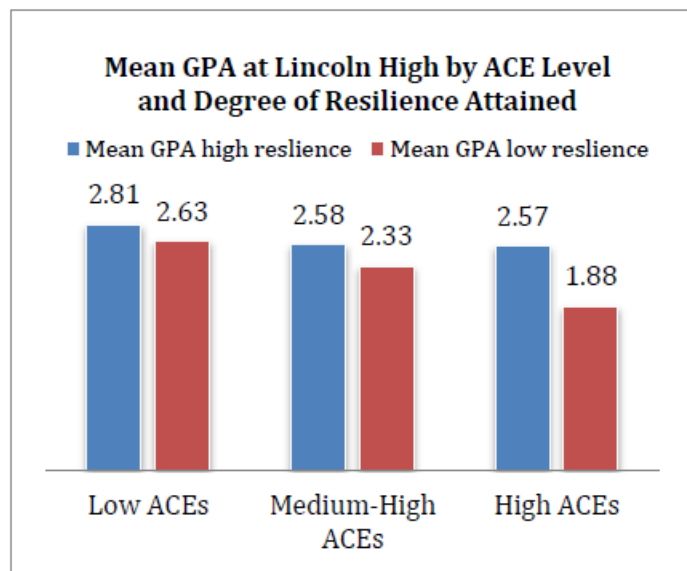
- **Geographic analysis breakthroughs and insights** (e.g., “heat mapping”, interactive geo-mapping)
- **Greater use of standardized measures in child welfare, mental health, education and other fields.** For example: Ages and Stages Questionnaire (ASQ), CAFAS, California Youth Services Survey (YSS) and the Youth Services Survey-Family (YSSF) Child and Adolescent Needs and Strengths (CANS), Child Behavior Checklist (CBCL), Family Assessment Form (FAF), North Carolina Family Assessment Scale (NCFAS), Strengths and Difficulties Questionnaire (SDQ), Structured Decision-Making (SDM) assessment tools, and Treatment Outcomes Package for children (TOP). *Note that LA DCFS is implementing the use of the Family Assessment Form (FAF) for all family preservation services contract providers this year.* The FAF was built in Los Angeles by a consortium of agencies led by the Children’s Bureau of Los Angeles.
- **Increased differentiation between county and sub-county data** that better reflect the geographic targeting and dosage of specific social service and other initiatives.
- **Recognition of the damaging effects of poverty and near poverty on children and their families.**

Some of these developments are highlighted with examples in the sections that follow.

ACES Measurement is Being Paired with Compassionate Schools and Other Strategies

A number of key data sources are being used to help track ACES and related indicators: Behavioral Risk Factor Surveillance System (BRFSS), Healthy Youth Survey (HYS); and the development of the NEAR framework to increase understanding and guide action (Neuroscience, Epigenetics, ACES, and Resilience). **The compassionate schools movement** is growing, where indicators of youth resilience-building and compassionate staff supports are being linked with better child academic performance and dramatic reductions in school suspensions. (See Figure 1 for an example of the effects of building coping strategies and resilience in children on school performance.) In a growing set of communities, these efforts are also dramatically decreasing out of school days, school suspensions and drop-outs.

Figure 1. The Effects of Building Resilience in Children on High School Grade Point Average



Source: Longhi, D. & Barila, T. (2015). *Higher Resilience and School Performance Among Students with Disproportionately High Adverse Childhood Experiences (ACEs) at Lincoln High, in Walla Walla, Washington, 2009 to 2013*. Walla Walla: Walla Walla County Community Network, p. iv.

Community Indicator Development Projects Across the Country and Internationally

A number of cities, counties and states are making progress in coming to agreement on a small set of indicators of community, family, adult and child well-being that they want to monitor and use for planning. Two of the most significant breakthroughs may be the **Community Indicators project and web-site**,² and the new HUD Healthy Communities Index (HCI).³ See Appendix A for sample information domains assembled by the Casey Geographic Analysis Team. In addition, for many years Los Angeles has benefited from the work of the local team from Healthy City⁴ and other related projects.

Geographic Analyses are Stimulating Innovative Ways of Measuring Community, Family and Child Well-Being

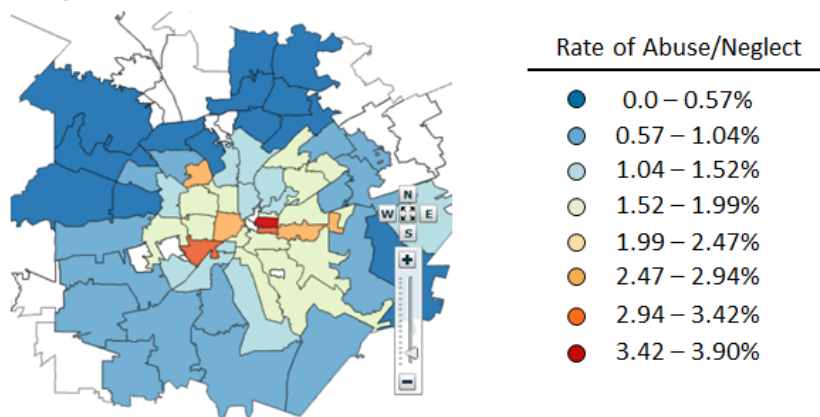
Not only are advances in geographic analysis occurring, but more communities are discovering the power of these visual tools for stimulating conversations about underlying factors and projections of where their communities may be headed. The map examples in the pages that follow were gathered by the Casey Geographic Analysis Team.⁵

In addition, the growing realization that “place matters” is resulting in a more careful look at the dosage and geographic coverage for initiatives being considered and evaluated – along with a recognition of the complexity of the theories of change that predict or explain how a set of outcomes can be affected by multiple strategies. Consequently, projects are differentiating between county and sub-county data that better reflect the geographic targeting and dosage of specific social service and other initiatives. (See Appendix B for an example of a table of performance indicators that will be supplemented with **sub-county data** during the final phase of a five site evaluation in Washington.)

Geographic Analysis

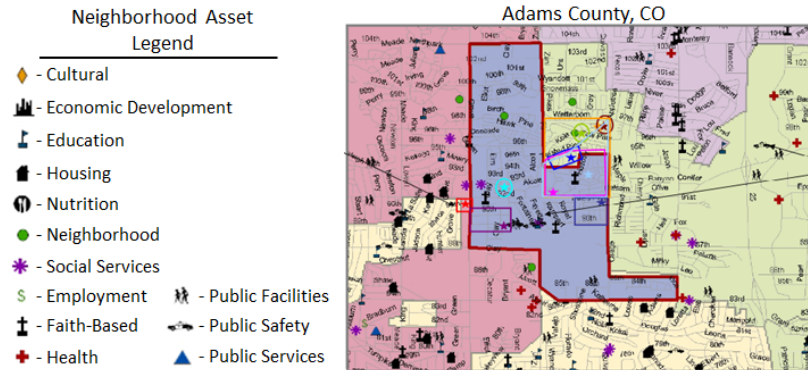
Understanding community needs and assets

Map of Child Abuse/Neglect Rates
by ZIP Code in San Antonio, TX



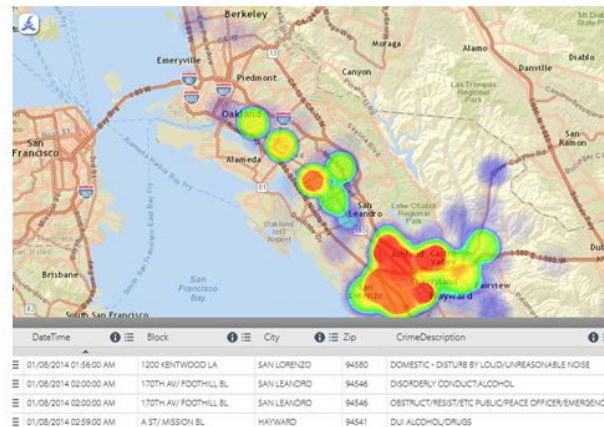
Geographic analysis is used to:

Inform service provision and place-based strategies.

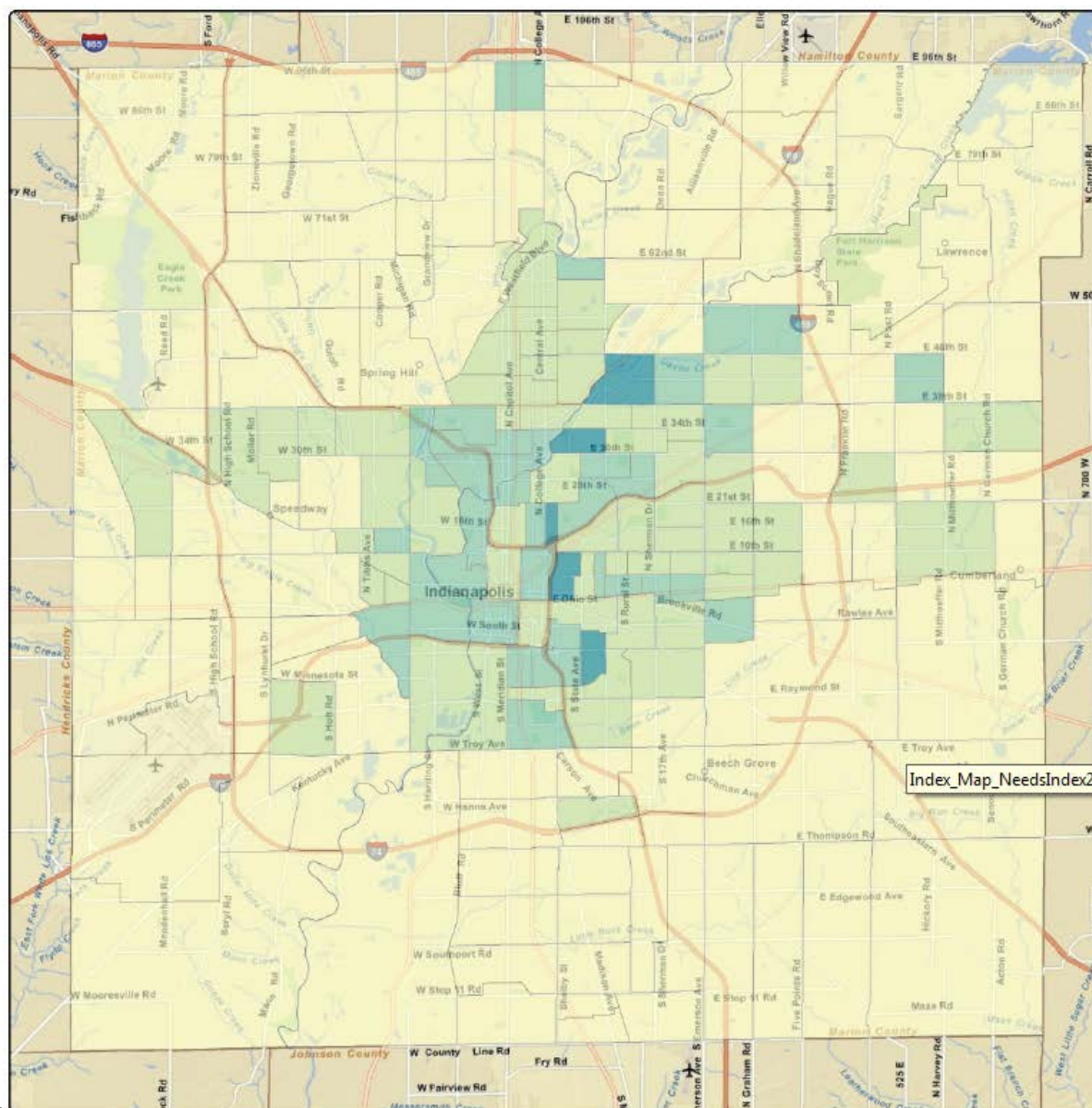


Geographic analysis is used to:

Improve decision-making and resource allocation.



Heat Map of Crime in
Alameda County, CA
for the month of
August (2014)

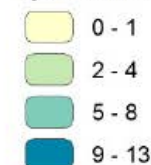


Children and Family Needs Index

Index 2: Areas in Extreme Need of Services

Weighted

by Census Tract



Index 2 Weighted

This index shows areas of greatest need of child and family services – the areas that are extremely more worse off than Marion County. The index values, ranging from 0 to 24 with 24 being the worst off areas, represent the level of need in a given census tract based on a weighted scale of 11 possible indicators: poverty, single parent families, unemployment, educational attainment, school attendance, teen births, low weight births, prenatal care, HUD housing, food stamps recipients, and juvenile charges.



SAVI
Information for Communities



Map created 1/25/2011
by The Polis Center at IUPUI.

Recognition of the Damaging Effects of Poverty and Near Poverty on Children and Their Families

TANF programs in Colorado, Wisconsin and elsewhere are focusing on economic issues facing families where a CPS report has been filed and investigated but the family does not qualify for child welfare services and programs for the working poor.⁶ For example, Project GAIN in Wisconsin provides these key economic services to families investigated by CPS but screened out from CW services:

1. A comprehensive **eligibility assessment** and assistance with accessing an array of public and private economic supports such as employment, housing, education financial supports, and other material assistance.
2. Collaborative work with a GAIN financial support specialist to **identify financial goals and steps to achieve them, and improve financial decision-making.**
3. **Access to one-time emergency cash supplements** to alleviate immediate financial stressors (for about 70% of the families, with an average payment of \$680 for items such as rent payments, energy bills, rent deposit, steel-toed work shoes,

Client engagement is good at 56% of families contacted (over 652 families in Milwaukee have been served thus far.) With a service lasting 8-10 weeks, GAIN costs only about \$1,500 per family. It currently is being delivered by a community-based non-profit social services agency to minimize client stigma and maximize access. Drs. Kristi Slack and Lonnie Berger from the University of Wisconsin-Madison have completed an initial evaluation study for the early implementation period. The Project GAIN preliminary evaluation findings show that the participant families with a more extensive history of CPS involvement (at least three interactions with CPS or at least one previous substantiated CPS report) are:

- 39% less likely (15.8% vs. 25.8%) than non-participants to have subsequent investigated CPS reports over a one year period following Project GAIN participation;
- 45% less likely (2.3% vs. 4.2%) than non-participants to have a subsequent substantiated CPS report over a one year period following Project GAIN participation; and
- 12% less likely (3.6% vs. 4.1%) than non-participants to have subsequent placement of one or more children over a one year period following Project GAIN participation.⁷

Addressing poverty and the needs of income-constrained families are absolutely critical to preventing child maltreatment and safely reducing the need for foster care. Thus the number of children and families in poverty, and income-constrained families or those who may be challenged by housing instability or underemployment, are important statistics to monitor and use for planning.

Performance Measurement Cautions

We would be remiss if a few key cautions about performance measurement were not highlighted:

1. *Trend data are essential.* Point in time or snapshot data can be very misleading. What is most informative are trend data over time and data where you have comparison groups or comparison time points, as in an interrupted time series design.
2. *Entry cohort studies that follow children or families over time are essential.* And in some cases *exit* cohorts can reveal key insights or opportunities for policy change and/or services improvement.
3. *Look for counterfactuals.* As you examine your data and develop hypotheses about what you think is happening and why; look for factors that provide alternate explanations than what your theory of change might say. Challenge your “logic chains” so you have explored alternate explanations.
4. *Be careful about units of analysis.* What geographic level will be most appropriate to reveal the dynamics or outcomes you are seeking to measure? For the ACEs prevention and mitigation work across the country and the CDC-funded Essentials For Childhood work, paying attention to this is essential in terms of what areas of the community can realistically be affected by the scope and dosage of the strategy or interventions.
5. *Use of geographic analysis data is complex.* One of the major limitations is with the data itself. Certain types of data are sensitive and difficult to share across agencies without strict protections in place. Because of this, proximal measures are often utilized. Another major limitation is the technical, funding, and staffing capacity of public agencies, civic organizations, or other stakeholders to conduct this type of work. Many of these partnerships involve a number of diverse stakeholders, which is a very good thing because of the broad range of perspectives; however, different organizations have different agendas and cultivating these relationships take time. These relationships must be developed carefully to help build and clarify each stakeholders’ role, responsibilities, and the governance/decision-making structure of the collaboration. Sustainability is always a challenge. Managing costs and manpower over time is crucial to keeping community indicator projects active. The availability of data at different geographic levels needs to be considered. How we view the information and what we infer from the data can vary wildly, depending on the geographic level of the research.⁸

**Appendix A. Sample Community-Level Key Indicators from the Casey Geographic Analysis Team
(Partial example of work underway)**

<i>City Indicator/Well-Being Frameworks</i>	Demographics	Economic	Education	Employment	Health (and Health Care Access)	Housing	Community	Public Safety	Risk	Transportation	Natural Environment	Physical Environment
AECF Kids Count	x	x	x		x		x	x				
Save the Children Mother's Index		x	x									
Correlates of Maltreatment	x	x	x		x		x					
Social Determinants of Health		x	x		x							
RWJF County Health Rankings		Employment; income; education; social support			Quality of care; access to care; morbidity; mortality				Drug use; diet & exercise; sexual activity			Air & water quality; housing & transit
Social Vulnerability Index	Age; single parent; language; race/ethnicity	Poverty; unemployment; income; adult education				Multi-unit housing; mobile homes; institution						

<i>City Indicator/Well-Being Frameworks</i>	Demographics	Economic	Education	Employment	Health (and Health Care Access)	Housing	Community	Public Safety	Risk	Transportation	Natural Environment	Physical Environment
						alized						
The Opportunity Index		Jobs; wages; poverty; inequality; housing cost	Preschool enrollment; high school graduation		Volunteerism ; violent crime; doctors; grocers		(see Health)	(see Health)				
Measure of America	Urban/rural; race/ethnicity; age	Earnings; unemployment; GINI; SNAP use; poverty	School enrollment; NAEP scores; adult education		Life expectancy; obesity; smoking; Medicaid	Housing cost burden; fore-closures; homeless	Voter turnout	Violent crime; mal-treatment; incarceration	Seniors in poverty; pre-schoolers not enrolled	Transport expenditure ; commute by carpool	Protected forest; energy consumption	
HUD Healthy Community Index	Poverty; inequality; life expectancy; segregation	Access to banks; business retention	High school graduation; preschool enrollment	Employment rate; self-sufficiency standard	Low birth weight; hospital-izations	Vacancy rates; housing cost burden; lead paint	Residential mobility; voter participation	Violent crime; chronic school absence		Transit accessibility; pedestrian connectivity	Access to parks and open space; tree cover	Food desert; alcohol outlets; walkability

Appendix B. County-level APPI Evaluation Outcomes and Corresponding Population and Data Sources by Domain

Table 1. County-level APPI Evaluation Outcomes and Corresponding Population and Data Sources by Domain in Washington State

Outcomes	Population	Data Source
Adverse Childhood Experiences (ACEs)		
Prevalence of ACEs in the community (0, 3 or more, 6 or more)	Adults (ages 18–54)	BRFSS
Domain 1: Child Abuse Prevention and Family Support		
Child Abuse Prevention		
Hospitalizations due to injury or accident	Children (ages birth to 17)	CORE-GIS
Alleged victims of child abuse and neglect in accepted referrals	Children (birth to 17)	CORE-GIS
Out-of-home cases exiting to reunification within 24 months	Out-of-home cases	POC Data Portal
Family well-being		
Hospitalizations due to injury or accident	Adult women (ages 18 and older)	CORE-GIS
Family rewards for prosocial involvement scale	6th grade students	HYS
Domain 2: School Climate and Student Success		
Student behavior and school climate		
Unexcused Absences	Students (grades 1–8)	CORE-GIS
Total number of expulsions and suspensions	Students	Student Behavior Reports
Low commitment to school	10th grade students	HYS
School rewards for prosocial involvement	10th grade students	HYS
End-of-school student outcomes		
High school cohort (cumulative) dropout	Students in grade 9	CORE-GIS
High school extended graduation	High school students	CORE-GIS
Domain 3: Risk Behavior Reduction and Healthy Youth Development		

Outcomes	Population	Data Source
Substance use and involvement with justice system		
Never had more than a sip or two of alcohol	10th grade students	HYS
Never drank alcohol regularly (at least once or twice a month)	10th grade students	HYS
Never used marijuana	10th grade students	HYS
Never drank alcohol in the past 30 Days	10th grade students	HYS
Never used marijuana or hashish in the past 30 Days	10th grade students	HYS
Never used illegal drugs (other than alcohol, tobacco, or marijuana) in the past 30 days	10th grade students	HYS
Arrests for alcohol-related violations	Adolescents (ages 10–17)	CORE-GIS
	Adults (ages 18 and older)	CORE-GIS
Arrests for drug law violations	Adolescents (ages 10–17)	CORE-GIS
	Adults (ages 18 and older)	CORE-GIS
Arrests for violent crimes	Adolescents (Ages 10–17)	CORE-GIS
	Adults (ages 18 and older)	CORE-GIS
Healthy youth development and health outcomes		
Youth quality of life scale	10th grade students	HYS
Seriously consider or plan of suicide in the last 12 months	10th grade students	HYS
Overall “good” mental health	Adults (ages 18 and older)	BRFSS
"Good" or better overall health	Adults (ages 18 and older)	BRFSS
Domain 4: Community Development		
Community rewards for prosocial involvement scale	6th grade students	HYS
Usually or always meet social and emotional support needs	Adults (ages 18 and older)	BRFSS

NOTE: Data source column refers to the following five data sources: (1) Washington State Department of Health, Center for Health Statistics’ Behavioral Risk Factor Surveillance System (BRFSS); (2) Washington State Department of Health’s Healthy Youth Survey (HYS); (3) Washington State’s Office of Superintendent of Public Instruction (OSPI) Student Behavior Reports; (4) public child welfare data from the Washington State/Partners for Our Children (POC) Data Portal; and (5) Washington State’s Community Outcome and Risk Evaluation Geographic Information System (CORE-GIS).

Reference Notes

¹ For information about NEAR, see for example: <http://www.healthygen.org/what-we-do/aces-learning-institute>

² For community indicator projects see: <http://www.communityindicators.net/>

³ For more about the HUD Community indicators Index, see:

- <https://hci-albuquerque.icfwebservices.com/about>
- <https://hci-albuquerque.icfwebservices.com/sites/default/files/public/HCI%20Framework%20and%20Assumptions.pdf>

⁴ See <http://www.healthycity.org/>

⁵ For more information about the work of the Casey Geographic Analysis Team, contact one of the co-chairs: Erin Maher (EMaher@casey.org) or Kristen Rudlang-Perman (KRudlang-Perman@casey.org)

⁶ See Project GAIN in Wisconsin and a similar effort in Colorado. In addition, half a century after the War on Poverty was first waged, United Ways in six states have embarked on a research project that aims to ignite a fresh, nonpartisan national dialogue around the number and scope of working Americans who are unable to afford basic needs today. Called the United Way *ALICE Project*, this data-driven, grassroots movement is working to mobilize individuals, communities, and corporations by redefining the struggle for social and financial stability in terms that fit the needs of our day.

ALICE stands for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed – residents who earn more than the U.S. poverty level, but less than the basic cost of living. United Ways in California, Connecticut, Florida, Indiana, Michigan, and New Jersey have taken the lead to challenge today's perceptions of financial hardship. United Way ALICE Reports are being unveiled in each of these states, serving as a launching pad for some 200 United Ways to engage policy makers at the local, state and national levels, corporate America, academics, the faith community, ALICEs, and others to pursue solutions for financial stability. Together, these six states represent one-quarter of the U.S. population.

The Reports found that in each of these six states, **at least 35 percent of households – more than one-third, a total of 13 million households – struggle to afford the basic cost of living.** ALICE is our preschool teachers, home health aides, and mechanics – essential workers who are needed to keep our communities and economies humming, yet who struggle to make ends meet and pay basic bills, such as housing, food, and transportation. See for example: <http://unitedwaynnj.org/ourwork/alice.php>

⁷ Slack, K. & Berger, L. (2015), Does Economic Support Play a Role in Preventing Child Maltreatment? An Experimental Evaluation of "Project GAIN". Madison, WI: University of Wisconsin-Madison, School of Social Work.

⁸ Abstracted from Maher, E., Corwin, T., Rudlang-Perman, K. & Armendariz, D. (2014). *Geographic Analysis in Child Welfare*. Seattle, Casey Family Programs.